H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. MLY, N. B.—WRITE-PL

V. S. No. 1

County Horford	Registration Dist. No. 184
Village or City Burille	No. St Wal
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?yrsmosd
1 70 51/1	mos. ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME Sufferme Agor	in the more
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OV	ED, 21. DATE OF DEATH
Final White OR DIVORCED (write the w	June 10, 193 5
. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 1 1/2 - march Bostol	1 HEREBY CERTIFY, That I attended deceased fro
A Maria Comme	Jan. 8. 1935, 10 June 13. 193.
DATE OF BIRTH (month, day, end year)	1 ast saw head alive on frame 18, 19.34; deeth is se
AGE Years Months Days If LESS	
9/ orm	I THE FRINCIPAL CAUSE OF DEATH AND TELEGRACIES OF HUDDINANCE
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Carcina of face
9. Mdustry or business in which	arul spiret sul fact
work was done, as SILK MILL, SAW MILL, BANK, etc	shuash feutile oughten
10. Date deceased last worked at this occupation (month and spent in this	envolved,
this occupation (month and year) spent in this cocupation . Le	A.
BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME John Storpin	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME TRAY THE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury
(State or country)	Where did injury occur?
INFORMANT I Howard Burtol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Progrille 2	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Mary May Oate Thought , 1	Nature of injury
UNDERTAKER IF IL MAN	24. Was disease or injury In any way related to occupation of deceased?
(Address) Fand Grand Par	If so, specify
FILED lasse 17. 1935 Fo. L. Mc Mall	(Signed) Mr. E. Harthurz M.
Regis	ar. (Address) Cardiff Ind)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06672
1. PLACE OF DEATH	210-m
County Vary	Registration Dist. No. 185
Village or City Agree de Bra	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Garl Slavan	
(a) Residence: No. Bel Caus M.	C. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced	Prenounced dead 3:45 am-
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
0	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) freely 7, 1905.	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
29 10 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. rade, profession, or particular kind of work done, as SPINNER,	A
SAWYER, BDOKKEEPER, etc.	Tractured shull and
4 9 didustry or business in which work was done, as SILK MILL,	A A
SAW MILL, BANK, etc	Broken Mek
O The Date deceased last worked at this occupation (month and year) this occupation (month and year) occupation	
mand	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME John J. Bloom	
E	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Manual M. Willinger 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury June 2, 1935
(State or country) The angland	Where did injury occur? Abington Harfd County Md. (Specify city or town, county and State)
17. INFORMANT John J. Bloom	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) alingdon Md.	Public Highway Route#40
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Automobile Accident
Place Closing day Date June 5 - , 1935	Nature of injury Fractured, Skull, Broken Neck
19. UNDERTAKER THE MCComas (Address) also an Mills	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED June 4, 1935 Charles J. Tolkes W.S. Registrar.	(Signed) Green C. Varioher Coroner *** (Address) Havre de Grace, Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA.

1. PLACE OF DEATH	<u> </u>
County Harters	Registration Dist. No. / 8
Village or City Herrede Brace A. T. D.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Winona Carrell	
(a) Residence: No. Bay View Comos G	Patriside Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH
Almale Whole Single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended decreased from
(6) 4112 61	1801. 150h 1935 to June 17th 1934
6. DATE OF BIRTH (month, day, and year) Upon 184 1862	1 Just saw hold alive on James 16 2 , 193 1; death is said
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above at 5 1.50 Gr. m.
/3 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Qual air
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as STLK Mill, SAW MILL, BANK, etc. 10. late decased last worked at this occupation (month and	0 4/1/2
work was done, as SILK MILL, SAW MILL, BANK, etc	Central Herrowsings
apent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Autor (Stata or country)	() A
	orces felles
E Market Market	
14. BIRTHPLACE (city or town). The Work of Country)	Name of operation Date of What tast confirmed diagnosis? Was there are autopsy?
15. MAIDEN NAME Sarah Latel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Jates 16. BIRTHPLACE (city or town) Julia: (State or country)	Accidant, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Mrs. Mennie & Balley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Piace Wesleyan Chaple Date June 19, 1935	Manner of injury
11	Nature of injury
19. UNDERTAKER HENVE SATING Soms	24. Was disease or injury in any way related to occupation of decaased?
have 14 tak: (a nie bank	(Signad) Ames 26 3 mg/ M.D.
20. FILED MILL O Registrar.	(Address) John St Suge and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis *	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—		
1. PLACE OF DEATH	9:0 06674	
County Hackers	Registration Dist. Np. 76	
Village or City Blueson	NoSt.,	Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
11 4 / 6 10	How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Started	englas.	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Tensale Atile (Warres,	(Month) (Day)	93 5 (Year)
5a. If married, widowed, or divorced HUSBAND of	V	
(or) WIFE of Ford B. Callican	722. I HEREBY CERTIFY. That I attended dec Feb. 11th., 135 to June 16th.	
6. DATE OF BIRTH (month, dey, and year) March 23 1876	i last sew her alive on June 13th 1935;	
7. AGE Years Months Deys, If LESS than	to have occurred on the date stated above, et. 5. A. m.	13 3014
59 2. 1/4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:	1116
8 Trade profession or particular	Chronic Myo Carditis	1931
kind of work done, as SPINNER, famile Negle		
Adustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
11. Totel time (years)		
O this occupation (month end spent in this occupation		
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance: Arterio Sclarosia hemiplegia	
(Stete or county) +alford, Co. Md.	Wiegiro Octalogra Wearbredra	
13. NAME toseph/13. ashion.		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) / Hulford, CO, Ma	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME / Saldwing 15. Baldwing 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIDL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	_, 19
State or country) Halferd, Cl. 1910	Where did Injury occur?	
17. INFORMANT (Address) Services . Mo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Pleco Telfell Cem. Defrence 18-1935	Neture of Injury	
19. UNDERTAKENDE LIGHTEN & Gross.	24. Wes disease or injury in any way related to occupation of deceesed?	
(Address) Benson, M.	if so, specify	
20, FILED May 18, 1935 NE Pichendron	(Signed) Purnell F. Sappington, CA.	Ьм. D
Registrar.	(Address) Bel Air, Maryland.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	3,1,0,0		1 year

Jo w	pino	000	
iter	sh	Jo	
Every	CIANS	ement	
ORD.	HYSIC	t state	
REC	Y. P.	Exact	
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
PERM	1 EX	rly cla	cate.
IS A	stated	prope	certific
HIS	pe	pe	jo
K-T1	plnou	t may	back
NI DI	AGE S	that is	no suc
ADIN	ed. A	18, 80	tructio
UNF	suppli	n term	ee inst
WTTH	fully :	n plair	nt. S.
ILY,	e care	ATH in	TION is very important. See instructions on back of certificate.
PLAL	outh.6	F DE	rery in
RITE	lon sh	SE 0	N is N
WI-WI	mati	CAL	TIO

N. B.-WRIT

**************************************	CERTIFICATE OF DEATH 06625
1. PLACE OF DEATH	. (46-2)
County Harford County.	Registration Dist. No. 185
Village or City Hoose de Lean Hoofee	110.
Length of residence In city or town where death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Many G. Cather T	(m. 1
	Outerde
(a) Residence: No. (Stual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jensel 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 4 1869	I last saw half alive on feet 10 1931; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 430 A.m.
GJ - 6 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Conf. SAWYER, BOOKKEPER, etc.	7-
3. Industry or business in which	therewo ma / The
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Muslion
	Name of operation 24600 Date of
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Date of
I 15. MAIDEN NAME Content Clause	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Content Colored State or country) 16. BIRTHPLACE (city or town) Many Land	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Many Cachant May (Address) Delington Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plane III Date June 1933	Nature of injury
19. UNDERTAKER Address (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 12 1935 Charles J. Taley m. D.	(Signed) (1) Melene M. D.
20. FILED (Registrar.	(Address) Lam & Tu Gol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
F WASEVILLE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-c)
County Harford County	Registration Dist. No. / 50
Village or City abing dow	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 3 yrs	
2. FULL NAME Franklins Pierce	- Dallam!
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married That Married That Married The Married of the word)	21. DATE OF DEATH June 17 , 1935 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mary N.	Jan 15 19.35 to June 17 19.35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:10 R.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	myocarditio(arteuit Icleratio Date of onset yes?
o. Trade, profession, or particular kind of work dona, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this convention (month and this convention (m	Cerebral Thrombrais June 16:
10. Data deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) Narford County (14)	Other Contributary Causes of importance:
(Stata or country) I many land de.	
13. NAME Richard E. Dallans	
13. NAME Richard E. Dallans 14. BIRTHPLACE (city or town) Harford Country (State or country) maryland	Name of operation Data of What test confirmed diagnosis? Claratic Was there an autopsy? The
15. MAIDEN NAME Mary Standiford	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Mary Standiford 16. BIRTHPLACE (city or town) Harfords County (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary N. Dalland (Address) almadan mary land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacRockspring Data June 20 19.35	Manner of Injury
19. UNDERTAKER Howard K.McComas, (Address) Abingdon, Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6/19 , 1935 Fred Marshall Registrar.	(Signed) red OHO down M.D. (Address) Edgewood m.J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

5 y	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Man 1 1022	Other contributory causes of importance:	
Mug1,1525	The other two	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis

ADDITIONAL	SPACE FOI	RFURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA. IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be B.—WRITE PLAMLY, ż

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH		<u> </u>		
County Vtarford	-	Registration Dist. No. \(\) \(\) \(\) \(\)		
Village or City \ \ Mo	grisles	NoSt.,Ward		
Village of Oity	(1	If death occurred in a haspital or institution, give its NAME instead of street and number)		
Length of residence in city or town w	here death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME	tom bruby			
(a) Residence: No.		St., Ward.		
(4) 110012011001 1201	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male 4. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Oay) 193 5. (Year)		
a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from		
	June 7- 35	I last saw h alive on , 19 ; death is sal		
. DATE OF BIRTH (month, day, and year)		to have occurred on the data stated above, atm		
. AGE Years Month	1 day, hrs.			
8. Trada, profession, or particular	her land			
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	rufelly	Steel Berte		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		That will		
SAW MILL, BANK, etc	11 Total time (years)	-		
this occupation (month and	11. Total tima (years) spent in this occupation			
, , , , , , , , , , , , , , , , , , , ,		Other Contributory Causes of importance:		
2. BIRTHPLACE (city or town) W-a	undound;			
1 /1/.	The same			
13. NAME Was W	ally			
13. NAME (LOS) (T) 14. BIRTHPLACE (city or town)	Lover Point	Name of operation Oate of		
(State of Country)	and many	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME	e Leverer	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAJDEN NAME 16. BIRTHPLACE (city or town) (State or couply)	ogusta wed	Accidant, suicide, or homicida?		
(State of county)	7 10/04	Where did Injury occur? (Specify city or town, county and State)		
7. INFORMANT (Address)	10 quilles	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	7 30 75	Manner of injury		
PlacFosters Hill	Oate June 10 1935	Materia of Impery		
19. UNDERTAKER HOWard K. M.	Comas.	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Abingdon,	Md.	If so, specify Al. Al		
	-	(Signed) Wavellove M.		
20. FILEO 6 - 9 , 19 35 d	Pred Morlott Registrar.	(Address) Edg Eurod		
	course Regimen	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	and the state of t	Example II	
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 15 15 15 15 15 15 15 15 15 15 15 15 15	July 5,1927	Peritonitis	3 days ago
	ININEAU V. S.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cour	Horfords		Registration Dist. No. 18
Villa	e or City Stre	ell.	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number
Langi	of residence in city or town whare		sds. How long in U.S. if of foreign birth?yrsmos
2. FUL	NAME City	uder Do	while
(a)	esidence : No.		St., Ward.
DE	CONAL AND CTATICT	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	SONAL AND STATIST	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m	& White	OR DIVORCED (write the word)	(Month) (Day)
HUSBA	, widowed, or divorcad		22 I HEREBY CERTIFY. That I attended dece
(or) WI	E of	_	March 28 1925 to Quine 17
6. DATE OF	SIRTH (month, day, and yaar)	48-1854	Hast saw ham aliva on June 19 , 1935; da
7. AGE	Yaars Months	Days If LESS than	to have occurred on the data stated above, atm.
	77 8	ormin.	wara as follows:
	, profession, or particular nd of work dona, as SPINNER,	I.L.	Chronic Parenelymatous Neghort
Z 3. Indu	AWYER, BOOKKEEPER, atc	Of The Table	
D .	ork was done, as SILK MILL, AW MILL, BANK, atc		
010	decaased last workad at is occupation (month and ar)	11. Total time (yaars) spant in this occupation	
Dinamini		1	Other Contributory Causes of importance:
	ACE (city or town)	1	
13. NAN	John	Doughul	
14. BIR	IPLACE (city or town)		Name of operation 22000 Date of Date of
	Stata or country)	Many	What test confirmed diagnosis? Clinical Was there an autop
I	EN NAME Try	THE Sur	23. If death was dua to axtarnal causes (VIOL ENCE) fill in also tha following:
	IPLACE (city or town)	n. Amel	Accidant, suicida, or homicide?
	1.10	12	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMA		while med	Spacify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
	REMATION, OR REMOVAL	+ my	Manner of injury
Place	At mony from	Data Jul 40 , 1930	Nature of Injury
19. UNDERT	KER 21 - BL 2/	Eff.	24. Was disease or injury in any way related to occupation of deceased?
(Add		From Pa	If so, specify
0	ne 20 1935 Th	m, 18/2 m	(Signad) Ho FiBradley

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

V. S. No. 1

of OCCUPA-

1. PLACE OF, DEATH	
County Sarford	Registration Dist. No. 181
Village or City Cluration (1) Length of residence in city or town where death occurred 3 yrs. mos	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Janua Julian (a) Residence: No. Junt St. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 5a. If marriad, widowed, or divorced	21. DATE OF DEATH 22 , 193 5 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) March 15:1863	22. I HEREBY CERTIFY. That attended daceased from 19.35, to 19.35 Hast saw help alive on 19.35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. 8. Trada, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPPER, etc.	to have occurred on the data stated abova, atIm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) occupation.	of beach.
12. BIRTHPLACE (city or town) Surford Con (State or country)	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) Amford Cur (State or country) Manyland	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vinginia Brown 16. BIRTHPLACE (city or town) (State or country) Maryland	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mis. Charles & Arcen (Address) Charles Mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place JULY Calvery Every Date June 2 4, 1925	Manner of injury
19. UNDERTAKER Henry Jarring Hond (Address) Africadigh mid	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED / 24 , 1935 C. (Ohickael Registrar.	(Signed) (Signed) (Address) (Address) (Signed) (

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUTY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA-RD. Every item of infor-PHYSICIANS UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be pe See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

V. S. No. 1 N. B.—

1		STATE (OF MARYL	AND-	CERTIFICATE OF DEATH	000011
1	. PLACE OF				\$2-0	000.0
	County Ha	erford.		,	Registration Dist. No.	180
	,	ty Creswell	.Md.		NoS	t.,Ward
		dence in city or town where	7		ds. How long in U.S. if of foreign birth?	
		//-	The area G	She	woon-	
	. FULL NAT				St. Ward.	
	(a) Residence	ce: Nu.	(Usual place of ab	ode)	If nonresident give city or tov	vn and State
	PERSON	AL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEA	ТН
3.	Male	4. COLOR OR RACE White	5. SINGLE, MARRIED OR DIVORCED (**	rite the word)	21. DATE OF DEATH (Month) (5 (Oay)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Rebeccal Hanson					1 HEREBY CERTIFY That I att	ended deceased from
6.	DATE OF BIRTH (month, day, and year) Se	ptember 7	1861	I last saw h. M. alive on md 15 ,19	35 death is said
7.	AGE Year		Days	If LESS than day,hrs.	to have occurred on the date stated above, at	
	74	9		rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
NO	kind of w	sion, or particular ork done, as SPINNER,	Merchant			
OCCUPATION	9. Industry or 1	business in which	MCI CHELLE		Cerebral Humorrhay	
CUP	work was SAW MtL	done, as SILK MILL, L, BANK, etc	Store			
00	this occupyear)	ed last worked at pation (month and	11. Total time (spent in occupation	this:	ars	
12	BIRTHPLACE (cit	y or town) Church	ville, Md.		Other Contributory Causes of importance:	
2	13. NAME	Ford B.H	anson.			
13. NAME Ford B. Hanson, 14. BIRTHPLACE (city or town) Crurchville, Md (State or country)					Name of operation Oat	
2	15. MAIDEN NAI		Greeland		What test confirmed diagnosis? Was the 23. If death was due to external causes (VIOLENCE) fill in also the fo	4
				1	Accident, suicide, or homicide? Date of injury_	
[16. BIRTHPLACE (city or town) Churchville, Md. (State or country)				L.	Where did injury occur?	
17	17. INFORMANT Rebesca J. Hanson, (Address) Creswell, Md.				(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	and State) LIC PLACE.
18	18. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
	Place Calvary, Date June 18 ,1935				- Nature of injury	7/
19	. UNDERTAKER	loward K.Mc	Comas,		24. Was disease or injury in any way related to occupation of deceas	ed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

local Registrar.

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Example I . Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06631
County Hartord,	Registration Dist. No. 185
Village or City Plane de Grace, Wil	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 60 yrs 3 mos	29_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nobert J. Havis	/
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) February 7-1875	I last sew h free alive on free 15., 1935; death is seld
7. AGE Years Months Days / If LESS than 1 day,hrs.	to have occurred on the date stated above, at m.
60 0 0 ormin.	The PRINCIPAL CAUSE OF DIGITH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary Julie culos Gan 13
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occupation (month and year)	
d d h == 0.1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) O and the armore was (State or country)	1
14. BIRTHPLACE (city or town) Carrel de Grand	
14. BIRTHPLACE (city or town) Carel de Incl	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Frances O. Morow. 16. BIRTHPLACE (city or town) Range de Trace. (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Dave de Trace.	Accident, suicide, or homicide? Date of injury, 19
E (State or country). Maryland.	Where did injury occur?
17. INFORMANT Frances O Harouri. (Address) House de Grade, rud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Place Junes Jennes Janes J. 19 Jd	Manner of injury
19. UNDERTAKER Hearing totalon. (Address) Laved Space, red,	24. Was disease finjury in any way related to occupation of deceased?
20. FILED War 17, 1937 Clarles Joley, m.D. Registrar.	(Signed) Carely Levelution of House By
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 06633
County Harbord	Registration Dist. No. 185
Village or City Have de Grace	No. Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
th , 1 . 1	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dorthey Llonard	3 4. /
(a) Residence: No. (Usual place of abode)	UtSing Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("unite the word) Transle White Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 6, 1917	I last saw h_ll _alive on
7. AGE Years Months Days If LESS than	
17 7 2 1 day,tormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this country in the second in t	Fuerpenal Depticalmia - Date of onset
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation	
11-1-18	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hayout Cer (State or country) Mary land	
11 11	
I me	Name of operation
4 14. BIRTHPLACE (city or town) / (Arum) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Glarence Greenland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Harford an	Accident, suicide, or homicide? Date of injury 19
State or country) Maryland	Where did injury occur?
17. INFORMANT Mr. Heller Leonard (Address) Reviewan 2nd n. 68	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Security 1	Manner of injury
Place Smith Chaptel Date John 15, 197	
19. UNDERTAKER Serry Jaming Sons (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 14, 19 \$ Charles J. Taley Mid. Registrar.	(Signed) Mark Weller AMD (Address) James de frace Med
	rar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA	1 PLACE OF DESTRUCTION OF MARYLAND	CERTIFICATE OF DEATH 06684
	1. PLACE OF DEATH	97
n of occ	County Harford	Registration Dist. No. 165
sh sh	Village or City Have de Grace	No. 1215. Washing to St. War
NS ut	Length of residence in city or town where death occurred 75 yrs. 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3. 3 ds. How long in U.S. if of foreign birth?yrs
CORD, Every PHYSICIANS oct statement	2. FULL NAME 6 lla Jane Mis	Saw
D. J SIC	(a) Residence: No. /2/Solwashing To	St., Ward.
HY R	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T L EN	5a If married widoward or diversal	(Month) (Day) (Yaar)
BINDING PERMANEN EXACT y classified te.	5a. If marriad, widowad, or diverges HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
NI KM, X A	- Martle 9.111- Law	May 20 1935 10 June 24 1035
BI E	6. DATE OF BIRTH (month, day, and year) Och. 21, 1856	I last saw half alive on June 21, 1935; death is sai
A I A I Sed	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 30 A.m.
FOR IS A P stated properly	78 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
D IIS	8. Trada, profession, or particular kind of work dona, as SPINNER.	Oate of onset
VE TH Id Id	Kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, AW MILL, BANK, etc. 10. Date deceased last worked at this occupation (ment) and the superior of the super	Meno Scloroses
K—T nould may back	work was done, as SILK MILL,	Amid of Pif
RESERVE. G INK_TH GE should be that it may be ons on back of	This occupation (month and 7 %) Shent in this 2/ -	Thomas of nonestry
RES I AGE I that that ons ons	yaar) occupation 75 gra	Other Contributory Causes of importanca:
_ 6 6	12. BIRTHPLACE (city or town) Varfordes	A +
ARGIN INFADI pplied. erms, so instruct	(State or country) The state of country) (State or country) (State or country)	Conditions and to the
	T T	voriages of cela ogs.
M. H. I. Su ain t	14. BIRTHPLACE (city or town) (State or country)	Name of operation
t plus		What test confirmed diagnosis? Was there an autopsy?
the carefu EATH in important	H Communication	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
a se od	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
	17. INFORMANT Mrs. Volt. 74. Mitchell	Whera did injury occur? (Specify city or town, county and State)
PLA hould OF D	(Address) Havred Seace Md.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Strington MC. lea Date June 26, 1933	Nature of injury
-WRIT mation CAUS	19. UNDERTAKER / Madison Mitchell	24. Was disease or injury In any way related to occupation of deceased?
B. No.	(Addiess) Havre de Grace Mid.	If so, specify
ż ż	20. FILED June 25, 1935 Charles 9 Tales mid.	(Signed) fames 16 / Day (M. D
(T)	Registrar.	(Address) Som We Troce po
	If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

MARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago But Fakt Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06636
County That Ageds	Registration Dist. No. 184
Village or City Py Cespville	No. St Word
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph C. The	elloghan
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 2002) 15-91	
7. AGE Years Months Days If LESS the	, total is said
44 7 2 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
Z & Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	At plus
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation	
12 DIDTUDI 4 CD (-1)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Malken Of melloch	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME May bleary	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Desligary Deslivyor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (136 y or 7) - 18. BURIAL, CREMATION OR REMOVAL	
Place The Market I Pate June 14 103	Manner of injury
De bl st led	Sature of injury.
19. UNDERTAKER (Addiess) 7 222	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify (Signed)
20. FILED June 23, 1935 De f. Mc nabb	(Signed) M, D. (Address) Carolina M. D.
	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS Exact statement classified. MARGIN RESERVED FOR BINDING properly it may should See instructions on OF DEATH in plain terms, very important. -WRITE

10. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER HOWARD K. McComas

(Address) Abingdon. Md.

(State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(Address)

FATHER

MOTHER

TION is CAUSE mation

V. S. No. 1

mi

of OCCUPA. pluods

Registration Dist. No. 18
NoSt.,
St., Ward. If nonresident give city or town and Stat
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) 19
22. I HEREBY CERTIFY. That I attended dece
I last saw has live on June 3, 1935; de
to have occurred on the date stated above, at

II. Total time (years) spent in this

occupation ...

Name of operation What test confirmed diagnosis?.. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

ead of street and number)

yrs. _____ds.

Other Contributory Causes of importance:

Registrar.

Nature of injury_

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? ______yrs. _____mos. ____ds. statement (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE: MARRIED, WIDOWED OR-DIVORCED (write the word) Mound (Month) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months If LESS than Days 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation. instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should Manner of injury Nature of injury MOLL 19. UNOERTAKER (Address) If so, specify Registrar.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	:Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

10. Date deceased last worked at 11. Total time (years' this occupation (month end 12. BIRTHPLACE (city or town) (State or country)

spent in this occupation_

STATE OF MARYLAND—CERTIFICATE OF DEATH

FATHER 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town

17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(State or country)

(Address) Registrar.

Name of operation What test confirmed diagnosis?. Was there an eutopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:

__St.,____

. 19 34

Data of onset

Accident, suicide, or homicide?______ Date of injury______ 19. Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased

Other Contributary Causes of importance:

If so, specify

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore

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MARGIN

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH. 06690
1. PLACE OF EATH	[3]
County Taryous	Registration Dist. No. 180
Village or City Jassettsvelle	NoSt., Ward
Length of residence in city or town where death occurredmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sgs. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME Schuster John	2 ster-
100	Zan Ou
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white musiced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of mary clen Heldt	22. I HEREBY CERTIFY, Thet I attended deceased from
Get 3-1959	Hast saw hotern alive on Dune 9 1933: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 2 km.
75 8 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
Trade, profession, or particular	were as follows: Date olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occuration (month and	Caronie Pareneymalous Myknus Bont has
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Urema
14. BIRTHPLACE (city or town) Glaman (State or country)	Name of operation Date of Date of
	What test confirmed diegnosis? Clinical Westhere an au'opsy? No
T. C.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
RNEChustin	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Deffile Com Date Could 35	Nature of injury
19, UNDERTAKER Elykoung of for	24. Was disease or injury in eny way related to occupation of deceased? 200
(Address) and Coulle July	If so, specify
20 FILES AME of 135 Thos. R Grown	(Signed) H. T. Bradley M. D.
Registrar.	(Address) garrettsulle Ad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative hardness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DISTANCE OF STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PL

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V. S. No. 1 ä

H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS

1. PLACE OF DEATH	(94%)
County Transford	Registration Dist. No. 183
Village or City 9 Taylor.	No. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Clarence & Sm	eth BUK.Co.
(a) Residence: No. Junionia. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or disporced HUSBAND of Ettel Bould Smith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 23d. 1883 7. AGE Years Month Days If LESS than 1 day,hr ormin;	I last saw h; death is seid to have occurred on the date steted above, atm.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year).	Other Contributory Causes of importance:
IZ. BIRTHPLACE (city or town) (State or country) 13. NAME Counce Smith	
14. BIRTHPLACE (city or town) Jacob Keraulo (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Care Tolling 15. MAIDEN NAME Care Tolling 16. BIRTHPLACE (city of town) Care Tolling (State or country) 17. INFORMANT Mrs Clarence Smith (Address)	23. If death was due to external couses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL CREMATION OR REMOVAL Maparite Semelery Date into 100 193	Manner of injury
19. UNDERTAKER Paul M. Transpulsium Paul	24. Was disease or injury in any way related to occupation of deceased?
20. FILE June 10, 19-35 Thos. P. Brown. Registrar.	(Signed) It Augustum M. E. (Address) Sparker Drop

STATE OF MARYLAND-CERTIFICATE OF DEATH

06691

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1 4 1 1 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06692
1. PLACE OF DEATH	93-2
County Starford	Registration Dist. No. /8/
Village or City Rock O Run	NoSt.,Ward
Length of residence in city or town where death occurred 18 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. Hurre the Growth of	History Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (1935 (Year)
5a. If married widowed, or diversed HUSDAND of Correct Stephenson	22. SI HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Suft 6.1849	I last saw h. fr. elive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated bove, et
0 0 8 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Chronia Manga It
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	- Carrier - 17.70-Carocity
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Starford Cs (State or country)	Other Contributary Causes of importance:
II 13. NAME Am . C. Hilson	
13. NAME HM C HISOTO CU EL LA BIRTHPLACE (city or town) CV EL LA BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Ousan Gdam	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? & Date of injury, 19
17. INFORMANT / Jr alice Marith (Address) Have Du Grace MAR.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Com. Date June 14, 1936	Manner of injury
19. UNDERTAKER St. S. Bailen (Address) Darlington, and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 14, 19 35 Beiha B. Trig-let	(Signed) The day ton M.D. (Address) Developen ton M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1000	e we

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06693
•= -	1. PLACE OF DEATH	948
kem of should of OCC	(No.	Registration Dist. No. / O /
shou of O		ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city of town where death occurredyrs	ds. How long in U. S. if of foreign birth?mosds.
9 .3	2. FULL NAME Marcon 74. Stock	ham
RECORD. PHYSI Exact stat	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHYS act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TY Z	3. SEX 4. COLOR OR RACE Jewale A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH (Month) (Day) (Yeer)
BINDING 'ERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Edward V. Stock Law	22. I HEREBY CERTICA, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw h alive on
- 03 -	8. Trade, profession, or particular kind of work done, as SPINNER,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
RESERVED G INK—THIS GE should be that it may be ins on back of	kind of work done, as SPINNER, At howel SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Coronany Hombour
RESE VG INK AGE sh that it	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
Z 4 + .9	12. BIRTHPLACE (city or town) Novuston	Other Contributory Causes of importance:
ARGIN UNFADI upplied. terms, so	(State or country)	
	13. NAME GOW J. Harfrauft 14. BIRTHPIACE (city or town) Runaylvane	none
	14. BIRTHPLACE (city or town) (State or country),	What test confirmed diagnosis? Was there an au'opsy?
WITH WITH in pla in pla ant!	15. MAIDEN NAME Dallie Selving	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Z, Y, care care i'H ii	5 16. BIRTHPLACE (city or town) Wright	Accident, suicide, or homicide? Date of Injury, 19
be imp	17. INFORMANT Mr. Hartranss Strubham	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Manchister Wid.	
TE :	Place montgomes Concell Date June 12 - 1925	Nature of injury
WRIT mation CAUSI	19. UNDERTAKER Islemy Taning Island	24. Was disease or injury in any way related to occupation of deceased?
necemen	20. FUED 12, 1935 Checken Register.	(Signed) Ald Alliney M. D. (Address) Perry Man M
12 on Gomes		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	j	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			W THE	

ADDITIONAL S	PACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

infor

OCCUPA

Registrar. (Address) Orm Dr.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
L.			
A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED should be back CAUSE OF DEATH in plain terms, so that it may See instructions on supplied. mation should be carefully TION is very important. -WRITE

	City Havre de		(If		number)
		5	le Infax		130
	AME Unkno	lknown		St., Ward.	
		(Usual place		If nonresident give city or town and	Stale
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	102
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Single			D (write the word)	21. DATE OF DEATH Sound June 20, Unknown (Month) (Day)	, 193(Year)
5a. If married, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, and year) Dune 20 3 1935				I last saw h alive on, 19,	
Unknow		Days	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onse
8 Trade profession or particular				Thrown in the Susgehanua river and drowned	
SAW SAW	or business in which was done, as SILK MILL, WILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			ent in this	Other Contributory Causes of importance:	
12. BIRTHPLACE (State or c	(city or town)UNKI	10Wn	~		-
企 13. NAME	/1	,			
14. BIRTHPLACE (city or town)—4. (State or country)				Name of operation Date of What test confirmed diagnosis? Was there an a	
H 15. MAIDEN NAME			military in table	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)(State or country)				Accident, suicide, or homicide? Drowned Date of injury Where did injury occur? Hayre de Grace Id.	, 19
17. INFORMANT Layrence L. Boyd (Address) Havre de Grace, Md.				(Specify city or town, county and Stale Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
Place Havre de Grace Date June 20, 19 35				Manner of injury Thrown in the River Nature of injury Drowned	
19. UNDERTAKER (Address)		mington	Recollege Pr	24. Was disease or injury in any way related to occupation of deceased?	no

V. S. No. 1

ä

20. FILED June 20, 19-35 Charles

Registrar.

(Signed) James C. Varraheus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
county Harford	Registration Dist. No. 18		
Village or City / Vale	NoSt.,Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.		
2. FULL NAME Brake White.			
	St., Ward.		
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) June 11,1936	I last saw har alive on June 11 ,1930; death is said		
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at		
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Premoture Brth		
Kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	(7th mo)		
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Uall, md (State or country)	Other Contributory Causes of importance:		
13. NAME Bud C. White			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation		
	What test confirmed diagnosis?		
15. MAIDEN NAME Souders 16. BIRTHPLACE (city or town) Va (Stata or country)	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT Bod C. White (Address)	Where dld injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place A Prome Data June 12, 1935	Manner of Injury		
19. UNDERTAKER Bud C While (Address) The Father	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED June 1/ , 1935 N. E. Richardson Registrar.	(Signed) Wellard & Gudan M.D. (Address) Fold Well, Md.		
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.		

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9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ann Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

of OCCUPA-

V. S. No. 1

STATE OF WAR	LAND-	CERTIFICATE OF DEATH	5634
1. PLACE OF DEATH		207-90 - 185	
County Harford		Registration Dist. No.	d
Village or City Near Havre de Gr	ace, Md,	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred		ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Carl Wm. Wigand		Qutido	
(a) Residence: No. Chicago Ill.		St., Ward. Chicago Ill.	V
(Usual place o		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE OR DIVORCED SINGLE	(write the word)	June 18th (Month) (Day)	, 193 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY. That I attended of	
6. DATE OF BIRTH (month, day, end year) Uukusu	W1912	I last saw h elive on	
7. AGE Yeers Months Days	If LESS than	to have occurred on the date stated ebove, et	
23	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Trede, profession, or particular	. (11 17	He came to his death through	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	coivil	an unavoidable accident when	
work was done, as SILK MILL, Railroad		struck by P.R.R. train	6/18/3
11. Total tire this occupation (month and spen	ne (yeers) t in this		
Cli		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)			
II 13. NAME UNKNOWN			
14. BIRTHPLACE (city or town) Luknow		Name of operation Date of	
(State or country)		Whet test confirmed diagnosis? Was there en a	u!opsy?
15. MAIDEN NAME UNRION	-	23. If death was due to external causes (VIOL ENCE) fill in also the following	
6 16. BIRTHPLACE (city or town) when we	V	Accident, suicide, or homicide?_Accident Date of injury_6/1	
State or country)		Where did injury occur? Harford County	e)
17. INFORMANT Robert Fadeley (Address) Havre de Grace, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL 7,		Manner of injury Ground to death	
Place Chicago Ill. Date Wafe	Jacopy	Neture of injury Struck by Railroad tra	in
19. UNDERTAKER GEO. T. Pennington C. (Addiess) Havre de Grace Md.	on The	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED June 18, 1925 Charles J. Fal	Registrar.	(Signed) Laure Courchettoron (Address) Havre de Grace Ld.	er ^{M. D.}

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II		
cause of death and related causes were as follows:	Date of onset 1 week ago	
t car	1 week ago	
	3 days ago	
tory causes of importance:	1 year	
_		

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should state

OCCUPA-

1. PLACE OF DEATH

County Harron	Registration Dist. No. 🖊 💆 🖊
Village or City Killerdeen of Fa	No
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME DOORSE & Wich	
	01 Ward
(a) Residence: No. (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (You
is. If married, widowed, or divorced HUSBAND of Enung E. James World	22. I HERSBY CERFIFM That I attended recease
5. DATE OF BIRTH (month, day, and year)	Jest saw h m allve on mall 16 1935; death
. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 9
70 4 - 8 1 day,hrs	were as follows:
8. Trade, profession, or particular kind of work done as SPINNED	Date of Date o
kind of work done as SPINNER June 1 Canal	Cerval Amonhage
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
9. Industry or business in which work was done, as SPINNER Jewing & Carrier 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this year)	
year) 1936 occupation 40 724	Data Contains Comment in a state of the stat
2. BIRTHPLACE (city or town) Startord Or	Dther Contributory Causes of importance:
(State or country) Maryfand	
13. NAME John W. Wile fill 14. BIRTHPLACE (city of town) Aarfard Co.	
14. BIRTHPLACE (city of town) Alaskas &	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Was there an autopsystem
15. MAIDEN NAME Concella Wilson	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Auford Cur	Accident, suicide, or homicide? Date of injury, 15
(State or country)	Where did injury occur?
7. INFORMANT Mrs. Emma E. Wright (Address) Cherdien Mrs R. F. to	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mesulia Circley Date June 19, 1970	Nature of injury
9. UNDERTAKER Alenny Janing Sons (Addigos)	24. Was disease or injury in eny way related to occupation of deceased?
14. 135 - Ol Michou	(Signed) It/ Alleney
20. FHEB 1 19/00 Programme Registrar.	(Address) Amm man

Date of onset

Date of ----- Was there an autopsy?-----

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	11	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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